

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FEE SCHEDULE PTO-875)

SERIAL NO.

FILING DATE

10/530633

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9		1				
10	1					
11	1					
12		1				
13		1				
14		1				
15		2				
16		1				
17		1				
18		1				
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50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	6	↔		↔		↔
TOTAL CLAIMS	20	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS			[REDACTED]		[REDACTED]	

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